

Type of Activity/Event:

## **Cosumnes Community Services District**

Enriching Community • Saving Lives www.cosumnescsd.gov

## **Picnic Rental Application**

## **FACILITY REQUESTED** Applications available online or at our two offices: Wackford Community & Aquatic Complex CSD Administration Office 9014 Bruceville Rd., Elk Grove, CA 95758 8820 Elk Grove Blvd., Elk Grove, CA 95624 Phone (916) 405-5600 Phone (916) 405-5300 Applications must be submitted to either office listed above or csdpicnic@cosumnescsd.gov Elk Grove Park: ☐ Picnic Site 1A ☐ Picnic Site 1B ☐ Picnic Site 3A ☐ Picnic Site 3B ☐ Picnic Site 4A ☐ Picnic Site 3C ☐ Picnic Site 4B ☐ Picnic Site 5B ☐ Picnic Site 5C ☐ Picnic Site 6A ☐ Picnic Site 7A ☐ Picnic Site 7B ☐ Picnic Site 9A ☐ Picnic Site 9B ☐ Picnic Site 10 ☐ Picnic Site 14B ☐ Rotary Grove Morse Community Park: ☐ Covered Picnic: Site A ☐ Covered Picnic: Site B ☐ Covered Picnic: Site C Derr-Okamoto Park: ☐ Covered Picnic: Site A ☐ Covered Picnic: Site B ☐ Covered Picnic: Site C Oasis Park: ☐ Covered Picnic: Site A ☐ Covered Picnic: Site B \*Spray ground and water play season is from May 1<sup>st</sup> – September 30<sup>th</sup>. Spray grounds and splash pads are not included in the picnic rental and are not guaranteed to be available or operational. APPLICANT CONTACT INFORMATION Name of individual responsible for event: Birthdate (mo/day/yr) Application on behalf of: ☐ Group □ Individual □ Organization □ Business Name of Group, Individual, Organization or Business Address: **Email Address:** Alternate Contact Person: **Email Address:** RENTAL INFORMATION Rental Date(s): \_\_\_\_\_ Day(s) of Week: \_\_\_ AM/PM to (Park sites must be occupied by 11:30 A.M. and vacated one hour after sunset.)

Revised 2023 Page 1 of 2

PLEASE ANSWER THE FOL	LOWING	QUESTIONS	
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Will alcohol be served?	∐ Yes	□ No	Will you be renting an inflatable attraction (bounce house, slide,
Will food be served?	⊔ Yes	□ No	etc.)?
Will alcohol be sold?	☐ Yes	□ No	(Inflatable attraction vendors must provide a certificate of
Will food be sold?	☐ Yes	□ No	insurance to the CSD prior to rental)
			Will there be amplified sound? (Only permitted at Elk Grove
Are you requesting a non-profit rate f	or organization	ons located	Park Site 9B and Rotary Grove) ☐ Yes ☐ No
within the District?	☐ Yes	□ No	Please specify what type of amplified sound:
(Must provide proof of 501(c)3 certification)			
Will there be an admission fee?	☐ Yes	□ No	Are you using a Caterer? ☐ Yes ☐ No
Please list any additional equipment	you plan to ha	ave on site:	Please provide name and contact information of Caterer:
			Are you using a Special Event Planner? ☐ Yes ☐ No
			Please provide name and contact information of Special Event
			Planner:
Will you be renting porta potties?	☐ Yes	□ No	
How did you hear about our facility?			
APPLICANT SIGNATURE			
Counterparts. This Agreement may be executed in two or more counterparts, each of which will be deemed an original but all of which together will constitute one and the same instrument. This Agreement shall be effective and binding on all parties upon the delivery by both parties of a signed copy to the other party, which may be done by portable document format (PDF).			
I understand that I will be contacted by a CSD representative within three business days from the date the application is submitted and that my application for the use of the facility is not final until a contract is signed and a payment is made. I attest that all the information provided in this application is true and correct.			
I understand that driving on grass or trail areas and the use of confetti or similar products is strictly prohibited. Site and park amenities are not guaranteed and are subject to repair and maintenance (this includes spray grounds and splash pads). No refunds for picnic rentals will be issued when site and park amenities are not available. No refunds for inclement weather. Please review the picnic rental Frequently Asked Questions (FAQ) on the CSD website at https://www.cosumnescsd.gov/Faq.aspx?TID=56.			
Applicant Signature:			Date:
CSD OFFICE USE ONLY			
Date Received: Tim	e Received: _	R	eceived By:
Approved: Denied: Date: Staff:			

Revised 2023 Page 2 of 2